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Bib Data Sheet

CONFIRMATION NO. 1782

SERIAL NUMBER 10/658,506	FILING DATE 09/09/2003  RULE	CLASS 365	GROUP ART UNIT 2824	ATTORNEY DOCKET NO. AF01182
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## APPLICANTS

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## \*\* CONTINUING DATA

\*\*\*\*\* *AP* *yes*

This application is a CIP of 10/341,881 01/14/2003 PAT 6,885,590

## \*\* FOREIGN APPLICATIONS

\*\*\*\*\* *AP* *none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>AP</i> Initials <i>AP</i>				

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## TITLE

MEMORY DEVICE HAVING HIGH WORK FUNCTION GATE AND METHOD OF ERASING SAME

FILING FEE  RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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